

OCT 27 2005

FAX

<b>To:</b> COMMISSIONER FOR PATENTS PO BOX 1450 ALEXANDRIA, VA 22313-1450	<b>From:</b> JAMES HEIDENREICH ZILBIX, INC.
<b>Fax #</b> (571) 273-8300	<b>Phone #</b> (781) 639-1170
<b>Date:</b>	<input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Confidential <input type="checkbox"/> Confirm Receipt
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Message:

I AM HEREBY TRANSMITTING REVOLUTIONS  
OF POWER OF ATTORNEY & CHANGE OF  
ADDRESS FOR 4 APPLICATIONS. (2 FORMS EACH).

THANK YOU.

OCT. 27<sup>th</sup>, 2005

THIS IS THE FIRST OF TWO FAXES.

OCT 27 2005

PTO/SB/82 (04-03)

Approved for use through 11/30/2005. OMB 0851-0035

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/705,651
Filing Date	11/10/2003
First Named Inventor	HIGGINS, LINDA S.
Art Unit	2121
Examiner Name	MICHAEL B. HOLMES
Attorney Docket Number	286949-123456 X

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

None

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	ZUBIK, INC.		
Address	ATTN: LINDA HIGGINS P.O. Box 8471		
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Telephone	(781) 639-1170	Email	
Zip	01971		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<u>Linda S. Higgins</u>		
Name	LINDA S. HIGGINS		
Date	10/26/05	Telephone	(781) 639-1170

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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OCT 27 2005

PTO/SB/82 (04-05)

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/205,651
	Filing Date	11/10/2003
	First Named Inventor	WILLIAM S. LINDA S.
	Art Unit	2121
	Examiner Name	MICHAEL B. HOLMES
	Attorney Docket Number	289469-125051 X

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: None

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	ZVIBIL, INC.		
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City	Salem	State	MA Zip 01971
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>James R. Heidenreich</i>	
Name	JAMES R. HEIDENREICH	
Date	OCT 27, 2005	Telephone (781) 639-1170

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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